

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

EMILY's List

<b>A.</b> Full Name (Last, First, Middle Initial) Gail Craddock Mailing Address 20821 NE 141st Street City State Zip Code Woodinville WA 98077 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 5 <b>Transaction ID: 1748851</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Linda Kutsch Mailing Address 21 martins lane City State Zip Code Hingham MA 02043 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Trefler Foundation managing director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 5 <b>Transaction ID: 1756674</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Sheridan L. Kassirer Mailing Address 21 Squirrel Road City State Zip Code Wellesley MA 02481 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Partners Health Care Health Care Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 5 <b>Transaction ID: 1748797</b> Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....